

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-031,919

FILING DATE

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEF.	9						TOTAL DEF.				
TOTAL CLAIMS	10						TOTAL CLAIMS				

PTO-875 (2-78)

THIS IS USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

SEE INSTRUCTIONS ON COVER FOR FILING CLAIMS